

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10534121

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5						
6						
7		2				
8		1				
9						
10		4				
11		4				
12		4				
13		4				
14		4				
15						
16						
17		1				
18	1					
19		1				
20		1				
21		1				
22		4				
23		4				
24		①				
25		①				
26		①				
27		8				
28		8				
29						
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47						
48						
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	65	←		←		←
TOTAL CLAIMS	67					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						